



## Florida Substance Abuse Licensure Application Checklist RENEWAL APPLICATION (ACCREDITED)

The checklist below provides applicants with a simple list of important documents and information which are required for licensure.

**Note:** Applications for licensure must be submitted initially and annually along with a licensing fee via the Provider Licensure and Designation System (PLADS) or the C&F-SA Form 4024. To facilitate the application process, complete all items on the application and be certain to upload or include all the required documents, as appropriate. Please note, the department has up to 30 days to notify providers regarding the status of their application(s).

A completed application must be provided to the Department at least 60 days prior to expiration of current license. Late applications will incur a \$100 late fee per licensable service component.

*Note: Page one of the C&F-SA Form 4024 refers to the agency's main headquarters. Pages 2 - 4 refer to the specific location and program component seeking licensure. (For Day and Night with Community Housing please list the housing addresses on the last page of the application).*

Item	Notes
<b>1. <input type="checkbox"/> Accreditation Information</b> Provide a copy of the most current accreditation papers and accreditation survey report including any information regarding changes in the provider's accreditation status. Also, include the effective and expiration dates of accreditation.	
<b>2. <input type="checkbox"/> Fire &amp; Safety:</b> Provide documents showing proof of compliance with local fire and safety codes, for each location.  Note: If a private organization is used, the inspector must be licensed by State of Florida Fire College. (Please add expiration date on each application. Agencies with multiple sites, please use addendum listing addresses and corresponding expiration dates).	
<b>3. <input type="checkbox"/> Health (Facility &amp; Food) Inspections:</b> Provide documentation of compliance with health codes.  Note: Health inspections apply to residential and intensive inpatient. For Day or Night with Community Housing, a health inspection is required unless the local Health Department issues a letter stating it is not required.	
<b>4. <input type="checkbox"/> Business Tax Receipt (Occupational License):</b> Provide the Business Tax Receipt if required in your county or municipality for each address, excluding community housing.  Note: If your organization is exempt from paying business tax receipts, include documentation from the jurisdiction providing the exemption.	



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<b>5. <input type="checkbox"/> Local Zoning Compliance:</b> Provide documents showing proof of compliance with local zoning codes for each address, excluding community housing.  Note: Inmate programs operated within the Department of Corrections' facilities or contracted to the Department of Management Services, are exempt from this requirement.	
<b>6. <input type="checkbox"/> Client Service Fee Schedule &amp; Policy:</b> Include client/individual fee schedule and policy regarding a client's / participant's financial responsibility outlining what the client/participant is obligated to pay.  Note: Inmate programs operated within Department of Corrections' facilities, or contracted to the Department of Management Services, are exempt from this requirement.	
<b>7. <input type="checkbox"/> HIV/AIDS Education:</b> Include completion confirmation of basic HIV/AIDS education requirement as required in section 381.0035, F.S.	
<b>8. <input type="checkbox"/> Current Organizational Chart:</b> Include the current organizational chart, with staff names, titles, and credentials.	
<b>9. <input type="checkbox"/> Application Fee:</b> Include the license fee. See Chapter 65D-30.0035(1) for the fee schedule.  Note: Please paperclip to the first page of the application packet.	
<b>10. <input type="checkbox"/> Application for Licensing:</b> CF-MH Form 4024 (September 2024)	